



Nisqually Indian Tribe Charitable and Local Government Funds Guidelines

To Apply for Support:

Read the General Guidelines below to determine if your organization or project will qualify for consideration for Charitable Funds or for Local Government

Application:

Each organization will be allowed **only one** application yearly.

Local Government

To qualify your organization must be non-tribal, organized to provide emergency services and/or service agencies (including those agencies responsible for traffic and transportation), or be a Law Enforcement agency.

Charitable Funds

To qualify your organization must be registered as a 501 (c)(3) tax exempt status with the Internal Revenue Service and be within Washington State. *(Please note Thurston County will be the main priority of funding, then if funds remain other locations may be considered).*

- If you are claiming 501(C)(3) Status you must attach official documentation
- All Applications are due by **September 30, 2016**
- Completed Applications are to be either emailed or mailed to:

Nisqually Indian Tribe
Attn: Lori Lund
4820 She-Nah-Num Dr. SE
Olympia, WA 98513
Email: lund.lori@nisqually-nsn.gov

For questions or more information, please contact Lori Lund at (360) 456-5221 ext. 1237.



Nisqually Indian Tribe Charitable and Local Government Funds

2016 Charitable Fund 501(C)(3) Application

To qualify your organization must be registered as a 501(c)(3) tax exempt status with the Internal Revenue Service and provide service within Washington State. (Please note; Thurston County will be the main priority of funding first, then if funds remain other locations may be considered).

Amount requested: \$ _____

Organizations name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Web address: _____ Email: _____

Phone: _____ Fax: _____

Geographical area served _____

Ages of persons served _____

501 (C)(3) Status? ☐ Yes (If yes please attach certification)
☐ No

You must attach a brief description of the principle purpose for your request. (Summarize in a short paragraph the purpose of your organization, why you are requesting funding, what outcome you hope to achieve).

Please keep entire application packet, including attachments, to a maximum of four (4) pages.
Please note; anything submitted for review will not be returned.

Deadline is September 30, 2016

Chief Executive Officer (CEO) or President

Email Address

Point of Contact Name

Phone



Nisqually Indian Tribe Charitable and Local Government Funds

2016 Local Government Application

To qualify your organization must be non-tribal, organized to provide emergency services and/or service agencies (including those agencies responsible for traffic and transportation), or be a Law Enforcement agency.

Amount Requested: \$ _____

Organizations Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Web Address: _____ Email: _____

Phone: _____ Fax: _____

Geographical Area Served _____

You must attach a brief description of the principle purpose for your request. (Summarize in a short paragraph why you are requesting funding, what outcomes you hope to achieve). Please keep entire packet, including attachments, to a maximum of four pages. Please note; anything submitted for review will not be returned.

Deadline is September 30, 2016

Chief Executive Officer (CEO) or President

Email Address

Point of Contact Name

Phone



Nisqually Indian Tribe Charitable and Local Government Funds

2016 Community Impacts

To qualify under this section, your Program must be reoccurring or a new Program with the Nisqually Indian Tribe and have an impact on the Community by assisting the Tribe and its Members in becoming self-sufficient. Please submit this application to Lori Lund at lund.lori@nisqually-nsn.gov. Please note, should you receive these funds a report must be submitted (to the Tribal Council Treasurer) and funds must be spent by December 31, 2017.

Amount Requested: \$ _____

Program Name: _____

Department: _____

Members/Community Members Served: _____

Ages of Persons Served _____

You must attach a brief description of the principle purpose for your request. (Summarize in a short paragraph the purpose of your program, why you are requesting funding, what outcome you hope to achieve). Please keep entire application packet, including attachments, to a maximum of four (4) pages. Please note; anything submitted for review will not be returned.

Deadline is October 31, 2016

Chief Executive Officer (CEO) or President

Email Address

Point of Contact Name

Phone